

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045156

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

SL-4613

1003

Registrar's No.

11937

STATE FILE NUMBER

FILED DEC 12 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN EAST ST. LOUIS, ILLINOIS	
Length of stay in 1b 17 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		d. STREET ADDRESS (If outside, give location) 742 POST PLACE	
3. NAME OF DECEASED (Type or print) First MERDIG Middle (none) Last ARAKELIAN		4. DATE OF DEATH Month DECEMBER Day 1 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD WORKER		10b. KIND OF BUSINESS OR INDUSTRY ARMENIA	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ARAKEL ARAKELIAN		13b. MOTHER'S MAIDEN NAME TAZZO (UNK)	
14. NAME OF HUSBAND OR WIFE LOUSIG SAFARIAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 1	
16. SOCIAL SECURITY NO. 151 X		17. INFORMANT see 2 above	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE BRONCHOPNEUMONIA DUE TO (b) CARCINOMA OF THE STOMACH DUE TO (c) 151 X		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:45 PM Month, Day, Year 11-15-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Belleville, Illinois	
21. VA attended the deceased from 11-15-63 to 12-1-63 and last saw him alive on 12-1-63 Death occurred at 5:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS VAH, ST. LOUIS, MISSOURI	
22a. SIGNATURE Dr. Randolph H. Havel (Degree or title) M.D.		22c. DATE SIGNED DEC 3 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/4/63	23c. NAME OF CEMETERY OR CREMATORY Mount Hope	23d. LOCATION (City, town, or county) (State) Belleville, Illinois
24. FUNERAL DIRECTOR John J. Kassly-E. St. Louis, Illinois		25. DATE RECD. BY LOCAL REG. DEC 3 1963	
26. REGISTRAR'S SIGNATURE Adair Smith, M.D.		27. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ronald H. Larkin

Licensed Embalmer No.

5197

P. O. Address

East St Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.